


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	<div style="text-align: right;">FILED</div> <div style="text-align: center;">JAN 27 1997</div> <div style="text-align: center;">97 APR 14 PM 1:20</div> <div style="text-align: center;">SECRETARY OF STATE TALLAHASSEE FLORIDA</div>
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company EASTERN CONSOLIDATED SYSTEMS LC 170 KITTY HAWK AVE. AUBURN ME 04210		DOCUMENT # M96000000339	
2. Principal Place of Business SAME		1a. Principal Place of Business Address 170 KITTY HAWK AVE. AUBURN ME 04210	
2a. Mailing Address SAME		3. Date Organized or Qualified 09/09/1996	
Suite, Apt. #, etc.		3a. State of Formation ME	
City & State		4. FEI Number 01-0500090	
Zip		5. Date of Last Report N/A	
Country		6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent SNELL, MARY V 1833 HENDRY STREET FORT MYERS FL 33901		8. Name and Address of New Registered Agent Regan Melanson 8961 North Fork Drive North Fort Myers FL 33903	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE <i>Regan Melanson</i> <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>		DATE January 27, 1997	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	HAYNES, JOHN D	37 RAFNELL STREET	AUBURN ME
000002143440--2 -04/15/97--01046--012 ****203.75 ****203.75			
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, of this attachment with an address.			
SIGNATURE: <i>John D. Haynes</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>		1-27-97 7841507 <small>Date Daytime Phone #</small>	